

COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION

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As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled _____

NEGOTIATING AN EXCHANGE OF IMAGE PROCESSING FUNCTIONALITY

the specification of which ☒ is attached hereto ☐ was filed on _____ as
United States Application No. or PCT International Application No. _____
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b), of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designates at least one country other than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate, or PCT international application having a filing date before that of the application on which priority is claimed:

<u>Country</u>	<u>Application No.</u>	<u>Filed (Day/Mo./Yr.)</u>	<u>(Yes/No)</u> <u>Priority Claimed</u>
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I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below:

<u>Application No.</u>	<u>Filed (Day/Mo./Yr.)</u>
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I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

<u>Application No.</u>	<u>Filed (Day/Mo./Yr.)</u>	<u>Status</u> <u>(Patented, Pending, Abandoned)</u>
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COMPLETION DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION
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I hereby appoint the practitioners associated with the firm and Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to the address associated with that Customer Number:

FITZPATRICK, CELLA, HARPER & SCINTO
Customer Number: 05514

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole or First Inventor Andrew J. Kraslavsky

Inventor's signature [Signature]

Date 4/8/99 Citizen/Subject of U.S.A.

Residence 90 TIMBRE

RANCHO SANTA MARGARITA, CA 92688

Post Office Address c/o Canon Information Systems, Inc.

110 Innovation Drive, Irvine, CA 92612

Full Name of Second Joint Inventor, if any _____

Second Inventor's signature _____

Date _____ Citizen/Subject of _____

Residence _____

Post Office Address _____

Full Name of Third Joint Inventor, if any _____

Third Inventor's signature _____

Date _____ Citizen/Subject of _____

Residence _____

Post Office Address _____

Full Name of Fourth Joint Inventor, if any _____

Fourth Inventor's signature _____

Date _____ Citizen/Subject of _____

Residence _____

Post Office Address _____